

# Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 8-7-07

Address: 0505 EAST 1000 NORTH

Case #: 22142263

(DITCH AREA)

County: NOBLE

ROME CITY, 46784

## Type of Laboratory Seizure (check one)

- ☐ Operational Lab  
☐ Chemical/Glassware/Equipment (only)  
☒ Dumpsite (only)

## Seizure Location (check all that apply)

- ☐ Residence  
☐ Outbuilding  
☐ Vehicle  
☐ Hotel/Motel  
☒ Open - No Structure  
☐ Other: \_\_\_\_\_

## Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

☒ Lithium/Ammonia Reaction(s): ONE-POT REACTION

☐ Red Phosphorous/Iodine Reaction(s): \_\_\_\_\_

☐ Flammable Solvents: \_\_\_\_\_

☐ Water Reactive Metal (Lithium): \_\_\_\_\_

☐ Anhydrous Ammonia: \_\_\_\_\_

☐ Hydrochloric Acid Gas Generator(s): \_\_\_\_\_

☐ Corrosive Acid: \_\_\_\_\_

☐ Corrosive Base: \_\_\_\_\_

☐ Other (item and location): \_\_\_\_\_

## Child under age 18 discovered (check one)

☐ Yes \_\_\_\_\_ (number present)

☒ No

\*If yes, fax report to Child Protective Services

## Investigative Information

- ☐ Ephedrine/Pseudoephedrine Tracking Log  
☐ Retail/Merchant Tip  
☒ Other: CITIZEN TIP

## This report is to be faxed to the following agencies that serve the location:

Fire Department: ROME CITY FIRE

Fax: 260-854-2170

Health Department: NOBLE COUNTY

Fax: 260-636-2192

Child Protection Service: \_\_\_\_\_

Fax: \_\_\_\_\_

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: TPR. ROB SMITH Phone 260-432-8661

\*\* This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

\*\*\* This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.